



Attorney Docket No. 42824-0004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Ray Bailey
Serial No. : 10/775,292
Filing Date : February 10, 2004
Title : ADAPTER FOR HANGER BOLTS
Group Art Unit: 3677

Confirmation No.: 1145

Commissioner for Patents
Alexandria, VA 22313-1450

**REQUEST FOR
CHANGE IN ATTORNEY DOCKET NUMBER**

Sir:

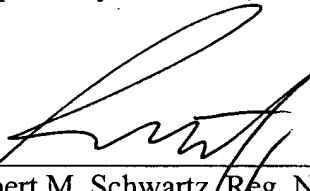
In the above-identified application, applicant respectfully request that the Attorney Docket Number be changed to read: 42824-0005.

The Commissioner is hereby authorized to charge any fees which may be required in the prosecution of this application to Deposit Account No. 18-2262.

Respectfully submitted,

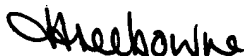
June 11, 2004

By:


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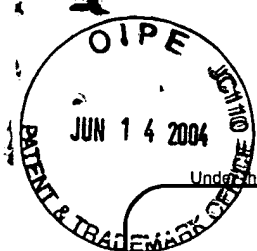
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/ Vernice V. Freebourne

June 11, 2004 / Date



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PTO/SB/21 (02-04)
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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number 10/775,292

Filing Date February 10, 2004

First Named Inventor Ray BAILEY

Art Unit 3677

Examiner Name

Attorney Docket Number 42824-0004

ENCLOSURES (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Request for Change in Atty Docket Number |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | Return Receipt Postcard |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert M. Schwartz
Signature	
Date	June 11, 2004

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Vernice V. Freebourne		
Signature		Date	June 11, 2004

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